



VIDEO GAME CENTER INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITION: Video Game Center means a place of business in which 6 or more amusement machines are made available for use by the public (if there are 5 or less machines, an amusement machine premise license is required instead.)

LICENSE PERIOD: July 1 thru June 30, Annually

APPLICATION: City Clerk License Division, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

FEE: The \$400.00 license fee and \$20.00 for every machine you own, **must be submitted with application.** Checks should be made payable to the City of Milwaukee.

SIGNATURES: Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

REQUIREMENTS: Applicants must be 18 years of age or older.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

Individual applicants, partners, and the agent of a corporation or limited liability company, must be residents of Milwaukee County for at least one year prior to applying for this license.

Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211.

No Video Game Center shall be located within 300 feet of a public or private elementary or secondary school, or within 1,000 feet of another Video Game Center.

If there is a coin-operated phonograph, (jukebox) on the premises, you must apply for a Phonograph Premise permit.

FINGERPRINTS: All applicants (including partners, one corporate officer who is not the agent, members, and the agent) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

HOURS OF OPERATION FOR YOUTHS: No Video Game Center Licensee shall allow any person under the age of 18 years to operate an amusement machine at times when the person is required to be in regular school attendance. You must also abide by the curfew laws (Section 106-23(2)). A responsible person shall be on duty and in charge of the Video Game Center at all times. (See Chapter 84 for exceptions.)

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days.

GRANTING OF LICENSES: Licenses are granted by the Common Council upon recommendation of the License Committee. Please allow 5-6 weeks for processing.

ORDINANCES GOVERNING VIDEO GAME CENTERS ARE LOCATED IN SECTION 84-54 & 106-23 (2) OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isyintro.htm> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City
of
Milwaukee**

**VIDEO GAME CENTER
LICENSE APPLICATION**

ccl-260b (12/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

| | | | | |
|---|---|--|--|----------------------|
| Section A | INDIVIDUAL OR PARTNERSHIP: | | | |
| | Full Name (Last, First & Middle Initial) | | Full Name (Last, First & Middle Initial) | |
| | Home Address (include City, State, Zip Code): | | Home Address (include City, State, Zip Code): | |
| | Length of residency: | | Length of residency: | |
| | Home Phone Number: () - | | Home Phone Number: () - | |
| Section B | Date of Birth: | | Date of Birth: | |
| | Business Name: | | Business Phone Number: () - | |
| | Business Address (include City, State, Zip Code): | | | |
| | Mailing Address (if different from above address): | | | |
| | Name of Building Owner: | | | |
| | Address of Building Owner (include City, State, Zip Code): | | | |
| | Number of Machines: (If there are 5 or less machines, an amusement machine premise license is required instead.) | | Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose additional \$20.00 per machine. If no, list name of distributor: | |
| Please indicate any other type of business conducted on the premises: | | | | |
| Section C | Full Name of corporation or limited liability company: | | | |
| | <i>Agent:</i> | | | |
| | Full Name (Last, First & Middle Initial): | | Home Address (include City, State & Zip Code): | |
| | Home Phone Number: () - | | Date of Birth: | Length of Residency: |

OVER

12/22/03

| | | |
|------------------------|---|--|
| | <i>President/Member</i> | <i>Vice President/Member</i> |
| | Full Name (Last, First & Middle Initial): | Full Name (Last, First & Middle Initial): |
| | Home Address (include City, State, Zip Code): | Home Address (include City, State, Zip Code): |
| | Length of residency: | Length of residency: |
| | Home Phone Number: () - | Home Phone Number: () - |
| | Date of Birth: | Date of Birth: |
| Section C Cont. | <i>Secretary/Member</i> | <i>Treasurer/Member</i> |
| | Full Name (Last, First & Middle Initial): | Full Name (Last, First & Middle Initial): |
| | Home Address (include City, State, Zip Code): | Home Address (include City, State, Zip Code): |
| | Length of residency: | Length of residency: |
| | Home Phone Number: () - | Home Phone Number: () - |
| | Date of Birth: | Date of Birth: |
| Section D | Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty: _____ _____ _____ _____ | |
| | The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. | |
| | I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct. | |
| | SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____ | |
| | _____ Notary Public, State of Wisconsin | _____ Individual/Agent of Corp or LLC/Partner |
| | My commission expires _____ | _____ President of Corp/Member of LLC/Partner |
| | | _____ Secretary of Corp/Add'l Members/Partner |
| | | |
| | | |
| | | |

Office Use Only:

Initials: _____ **Filed:** _____ **License #:** _____ **AD:** _____ **Granted:** _____